2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F21264

1. Entity Name

INTERSTATE MOVING & STORAGE INC.

Principal Place of Business	Mailing Address
1270 GROSE RD. FT PIERCE FL 34982	1270 GROSE RD. FT PIERCE FL 34982

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1270 Grose Road Suite, Apt. #, etc.	1270 Grose Rd Suite, Apt. #, etc.
City & State: Ft Pierce, Fl	City & State: Ft Pierce, Fl
Zip: 34982 Country: St Lucie	Zip: 34982 Country: St Lucie

4. FEI Number 59-2061324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROSE, F. E.
1270 GROSE ROAD
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GROSE, F E 3700 ENTERPRISE ROAD FT PIERCE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add U00000472601 03/29/06-80043-004 300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSE, SHEYLA 701 GEORGIA AVE FT PIERCE, FL 0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYRUS P GROSE 1270 GROSE ROAD FT PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/16/06 772-464-3331